

Date: _____

**Submit To: DIVISION OF WORKERS COMPENSATION
DEPARTMENT OF LABOR
800 SW JACKSON STE 600
TOPEKA KS 66612-1227
wcselfinsurance@dol.ks.gov**

BANK FACT SHEET

Name of Requesting Self-Insured Company(ies): _____

Name of Parent Bank: _____
(If Parental Relationship Exists, PROVIDE ULTIMATE PARENT DATA ON THIS FACT SHEET AS WELL AS ULTIMATE PARENT FINANCIALS.)

Bank Name: _____

Address: _____

Contact Name: _____

Telephone Number: _____

Financial Summary as of: _____

Equity: _____ Cash and Due from Bank: _____

Deposits: _____ Securities: _____

Loans/Discounts: _____ Total Assets: _____

Operating Ratios:

ROA: _____

ROE: _____

Loan Loss Provision/Average Loans: _____

Net Losses/Avg. Loans: _____

Loan Loss Reserve/Year-end Loans: _____

Loan Loss Reserve/Non-Performing Assets: _____

Ratings:

Thompson Bank Watch: _____

Standard & Poors: _____

Moody's: _____

Sheshunoff: _____

Capital Adequacy:

Capital to Weighted Risk Assets: _____

Percent of Core Capital (Tier 1): _____

Attach a copy of the annual report or call report.

Authorized Signature: _____

Type Name and Title: _____